# UNITED STATES DISTRICT COURT
for the
DISTRICT OF MASSACHUSETTS

FREDERICK WEICHEL
Plaintiff

v.

DEPARTMENT OF JUSTICE
Defendant

Civil Action No.:
1:15–CV–13112–MLW

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) —– or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) —– you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Michael D. Ricciuti
K&L Gates LLP
State Street Financial Center
One Linclon Street, Boston, MA 02111

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL
CLERK OF COURT

/s/ – Taylor Halley
Signature of Clerk or Deputy Clerk

UNITED STATES DISTRICT COURT
SUMMONS
DISTRICT OF MASSACHUSETTS

ISSUED ON 2015–08–10 14:54:49.0, Clerk USDC DMA

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Civil Action No.: **1:15–CV–13112–MLW**

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) US Department of Justice

was received by me on (date) 8/10/2015.

☐ I personally served the summons on the individual at (place)__________

__________ on (date)__________ ; or

☐ I left the summons at the individual's residence or usual place of abode with (name)__________

__________, a person of suitable age and discretion who resides there,

on (date) __________, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual)__________, who is

designated by law to accept service of process on behalf of (name of organization)__________

__________ on (date) __________; or

☐ I returned the summons unexecuted because__________ ; or

☒ Other (specify) : Pursuant to Fed. R. Civ. P. 4(i), I served Defendant U.S. Department of Justice by sending a copy of the Summons and the Complaint by First Class Mail, Certified Return Receipt to Department of Justice, U.S. Attorney General and U.S. Attorney for District of Massachusetts.

My fees are $ ______ for travel and $______ for services, for a total of $______.

I declare under penalty of perjury that this information is true.

August 21, 2015
Date

[signature]
Server's Signature

Redi Kasollja, Attorney
Printed name and title

K&L Gates, LLP
State Street Financial Center
One Lincoln Street
Boston, MA 02111
Server's Address

Additional information regarding attempted service, etc:

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Department of Justice
950 Pennsylvania Ave., NW
Washington, D.C. 20530-0001

2. Article Number *(Transfer from service label)* 7009 3410 0002 0218 8586

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) AUG 17 20[illegible] C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Redi Kasollja, Esq.
K&L Gates, LLP
State Street Financial Center
One Lincoln Street
Boston, MA 02111

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Honorable Loretta E. Lynch
Attorney General of the U.S.
U.S. Department of Justice
950 Pennsylvania Ave., N.W.
Washington, D.C. 20530-0001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

AUG 1

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7009 3410 0002 0218 8562

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

United States Postal Service

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Redi Kasollja, Esq.
K&L Gates LLP
State Street Financial Center
One Lincoln Street
Boston, MA 02111

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Civil Process Clerk
United States Attorney's
Office-District of Massachusetts
John Joseph Moakley US Courthouse
1 Courthouse Way, Suite 9200
Boston, MA 02210

2. Article Number (Transfer from service label) 7009 3410 0002 0218 8579

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X G. Mart ☒ Agent ☐ Addressee

B. Received by (Printed Name) Gerry Martin
C. Date of Delivery 8/13/15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

UNITED STATES POSTAL SERVICE

MA 021
13 AUG '15
PM 1

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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